

Charnley Care Homes Limited

Beech House - Binfield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beech House – Binfield is a care home without nursing that provides a service to up to 31 older people, some of whom may be living with dementia. At the time of our inspection there were 25 people living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and had continued to meet all the fundamental standards of quality and safety.

Why the service remained Good:

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and medicines were stored and handled correctly.

People benefitted from a staff team that was well trained and supervised. We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to eat and drink enough and their health and social care needs were met.

The staff team were caring and respectful and provided support in the way people preferred. Their right to confidentiality was protected and their dignity and privacy were respected. People were enabled and encouraged to maintain their independence for as long as possible.

People received care and support that was personalised to meet their individual needs. People were supported to maintain relationships with those important to them. The service provided access to local events to enhance social activities. This meant people had access to activities that took into account their individual interests and links with different communities.

People were relaxed and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. They felt supported by the management and said the training they received enabled them to meet people's needs choices and preferences. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Further information is in the detailed findings in the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service was effective. Improvements had been made to make sure all staff were kept up to date with their training.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beech House - Binfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 September 2017 and was unannounced. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 11 people who use the service and four visiting relatives/friends. We also spoke with the registered manager, eight care workers, the administrator and the chef. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing activities and lunch in the two dining rooms. As part of the inspection we requested feedback from five community professionals and received responses from three.

We looked at four people's care plans, monitoring records and medication sheets, five staff recruitment files, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, equipment service records, gas safety certificate, electrical wiring certificate, fire safety checks and the complaints, compliments and incidents records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people. We saw people were comfortable and at ease with the staff. One person commented, "It feels safe, I want to be at home but I understand that this is the best place for me."

Staff told us there were usually sufficient numbers of staff on duty to ensure people's care needs were met. The registered manager told us staffing levels on the morning shift were at least one senior care worker and five care workers. On the afternoon shift there were at least one senior care worker and four care workers. At night, staffing consisted of two care workers with the registered manager on call if needed. However, staff mentioned to us there had been occasions recently when their numbers had fallen below those noted due to annual leave and sometimes due to sickness. One example given was where, the weekend before our inspection, staff numbers had fallen to four care workers during the two day shifts on both days. Staff told us that everyone's needs had been met but it was a rush and there had been no time for social input. This was especially relevant as the activity coordinator did not work on weekends. In addition we noted that one care worker was working in the kitchen covering the kitchen assistant vacancy during the two mornings of our inspection, although this was not marked on the rota to show the staff member was not providing care.

We spoke with the registered manager about the staff comments regarding staffing levels. She told us she was aware of the issue that had occurred the previous weekend. The registered manager said she would look at employing a temporary agency kitchen assistant until that vacancy was filled. This meant that care staff would not be removed from the care team to work in the kitchen. The registered manager also said she would review the rota to ensure levels were not below six care staff in the morning and five in the afternoon in future. This level would then be adjusted dependant on the assessed needs of people living at the home at any one time. On the days of our inspection we saw staff were available when people needed them and didn't rush them when providing support. The staff had identified to the registered manager that they were short and a senior member of staff came in to help.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. Community professionals thought the service and risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with malnutrition, falling and skin breakdown. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general environmental risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out regularly. For example, weekly

hot water temperature checks, fire safety checks and fire equipment checks. Appointments had been arranged for later in September 2017 for the legionella risk assessment to be renewed and the thermostatic mixing valves on the baths and showers to have their annual service.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded. Emergency plans were in place and followed. For example emergency procedures in case of a fire.

People were protected by the recruitment processes in place. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. People could be confident that staff were checked for suitability before being allowed to work with them.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records (MAR) were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

At our last inspection in October 2015 we found that not all staff were up to date with the training updates identified as mandatory by the provider. The service had taken appropriate action and all staff had been brought up to date with their training by December 2015. At this inspection we found people received effective care and support from staff who knew how they liked things done. The training log showed the progress had been maintained and staff were up to date with their mandatory training. Additional training had been provided that covered topics relevant to the people living at the service, For example, stroke awareness, falls prevention, diabetes and bereavement. Five members of staff also held National Vocational Qualifications in care. Staff felt they had the training they needed to deliver quality care and support to the people living at the service. One person told us, "I do think that they all know what they're doing".

We noted the training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in fire safety and first aid every three years, whereas current best practice guidelines say both these topics should be updated annually. Other topics recommended for social care staff were not included in the provider's training curriculum such as recording and reporting, and fluid and nutrition.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision every three months to discuss their work and how they felt about it. Staff we spoke with felt they could go to the registered manager at any time if they had something they wanted to discuss. Dates had been set for staff to have the annual appraisal of their work. Staff confirmed they had regular supervision and said they felt very well supported by their manager.

People's rights to make their own decisions, where possible, were protected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had clear records of people living at the home who were potentially being deprived of their liberty. For people who had DoLS authorisations in place their care plans set out the least restrictive safeguards. The registered manager also kept a record of when those authorisations expired so they could be reviewed within the timescale. Where people had recently moved to the home, applications had been made to the funding authorities for the required assessments and authorisations, where applicable. We also saw that the manager was aware of the procedure to follow if an urgent authorisation was needed, and used the procedure when necessary to make sure people were safe.

People were able to choose their meals. Staff regularly monitored food and drink intake to ensure all people received enough nutrients in the day. Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet their diverse needs. The service had set menus which had been planned by the chef with the background knowledge of everyone's preferences, likes and dislikes.

The registered manager explained that each morning the chef went to each person to check they wanted what was on the menu that day. If anyone did not, then an alternative was discussed and provided. The registered manager explained they found this method worked better for people than asking them the day before. It meant people with memory problems were asked their choice as close to the mealtime as possible. At lunchtime on both days of our inspection we saw people were enjoying their meal. If anyone was not eating we saw staff spoke with them and arranged an alternative of their choice. People were weighed monthly and staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. The service was taking part in a pilot study in association with the local warfarin clinic. The scheme related to people taking blood thinning medicines (warfarin) needing frequent blood tests so that the drug dosage could be calculated. Previously this had involved community nurses coming to take venous blood samples. The pilot scheme involved four staff at the home being trained to carry out 'finger prick' testing and providing the local warfarin clinic with the results. The registered manager explained this scheme was working very well. They found people needing to be monitored much preferred a finger prick test to having blood taken from a vein. They also found the system of obtaining drug dosage confirmation was much quicker. This demonstrated how the service looked for and succeeded at improving the wellbeing of people living at the service.

Changes had been made to the premises to make the environment more dementia friendly, helping to encourage and promote people's independence and sense of wellbeing. For example, contrasting colours had been introduced in hallways between handrails and the walls behind. This made it easier for people to see and use the handrail when walking down the corridors, potentially reducing falls. Dementia signage was visible around the home so people could identify and find different areas, such as the lounge, bathrooms and toilets. The registered manager planned to explore current best practice guidelines and provide more enhancements where indicated.

The service worked closely with the local community mental health team. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional told us the service had, "Definitely good policies for early intervention." Another described how at a recent visit to one of their clients at the home, "The staff member was very knowledgeable about the individual. The staff member knocked and waited before entering the room. I believe it is this level of detail that makes Beech House person centred."

Is the service caring?

Our findings

Beech House - Binfield continued to provide a caring service.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff who responded quickly to any requests for help or assistance. We also saw staff were attentive and quick to spot if someone needed help with something they were doing. People commented, "They look after us well.", "I'm very happy here." and "They cannot do enough for you here."

Community professionals told us they felt staff were successful in developing caring relationships with people living at the service. One professional commented, "Most definitely." Another said, "I've seen staff develop positive, caring and compassionate relationships with people. On the days of my visits I've seen staff interact with individuals throughout the day in a happy and cheerful manner. It's the little things I've noticed around the home, that gentle touch, holding hands and hugging people to give the individual people comfort and assurance that they are being cared for. The caring staff members attend to the individuals' needs promptly." One relative told us, "The staff are engaging and make me feel welcome." Another relative said, "We knew as soon as we came in, the lovely atmosphere hits you."

The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. The care plans were geared towards what people could do and how staff could help them to maintain their independence safely wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. One person told us, "They try to keep you independent." Another said, "They encourage you."

People's rights to confidentiality, privacy and dignity were protected. All personal records were kept in the office and were not left in public areas of the service. Professionals felt the service promoted and respected people's privacy and dignity. Visits from community professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner. All interactions between staff and people living at the service were respectful and friendly. One person told us, "I'm well cared for definitely." Another said, "I wouldn't leave here, I love it here."

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment. The care plans were kept under review and amended when changes occurred or new information was identified. One relative told us, "He came here and his needs have been assessed properly and are being met." Another relative commented, "We are confident that as his dementia deteriorates he'll need more attention and that he'll get it here." Community professionals felt the service provided personalised care that was responsive to people's needs. One person told us, "The carers are there for me, I know."

People were supported to maintain contact with people important to them. Where possible the service provided access to local events to enhance social activities for all people to access and get involved with, taking into account their individual interests and links with different communities. Three or four outings were arranged each month and we saw many photographs around the service of people enjoying their time in the community. One person said how much they had enjoyed the boat trip from Henley.

People had access to a varied activity schedule. Activities provided included pets as therapy, arts and crafts, karaoke, quizzes, different exercise and dancing classes, skittles and board games. People could choose what they wanted to do and were also able to try out new activities when identified. In August the activity coordinator had arranged a sitting tai chi session provided by an external person. She told us people had so enjoyed the session it had been agreed it would continue as a monthly activity. Comments received from people about the activities included, "The word searches are good and the bingo.", "I always loved reading, I still do. The library comes here sometimes." and, "The garden, I love the garden." One member of staff stated, "The activities are good, [activity coordinator] is brilliant!"

The registered manager told us how successful the garden activities had been this year. The garden had been adapted to allow all people to take part in gardening if they wanted to. There were raised beds and hanging baskets that many of the people had helped to plant and maintain. There was also an ongoing sunflower competition with prizes for the tallest one being awarded at the end of the growing season. Comments received regarding the garden included, "We enjoy sitting out there." and, "The garden is lovely." One relative commented, "The garden looks really lovely this year, it looked good last year too."

Staff were aware of the company complaints procedure and knew what to do if anyone raised a concern. All people could raise concerns in an informal setting if they wished. There had been two formal complaints made to the service in the last 12 months. The records of complaints were well kept with actions taken to resolve the complaint documented, along with actions taken to prevent a recurrence.

Is the service well-led?

Our findings

The service continued to be well-led.

The service had a long established registered manager who was celebrating her twentieth year at Beech House – Binfield. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place that included audits of the different aspects of running the service. For example, catering, infection control, premises and safety and suitability of equipment audits. Records were audited for accuracy such as care plans and medication records. Any issues found during any of the audits were documented and actions were taken to address any issues identified.

The registered manager had a system to monitor and review any accidents in the home. With a view to trying to reduce the number of falls the registered manager had introduced a number of measures. All people at risk of falls had movement sensors in their rooms. Staff had attended a falls prevention workshop and training in falls prevention had become part of the service's regular training programme. People who live at the service were encouraged to maintain their mobility and exercise classes had been added to the activity schedule at least once a week. We also saw encouraging movement was part of other activities. For example, during our inspection there was a well-known board game taking place. The enlarged board was laid out on the floor and people threw a bean bag rather than rolling a dice. The garden activities had also helped people to stay active and encouraged movement, helping to strengthen people's balance. The registered manager showed us the statistics of accidents since 2014. The figures demonstrated that this excellent care practice and innovative way of working had resulted in a reduction in accidents over three years by 80%.

The provider carried out an annual survey of people who use the service. The last annual survey took place in December 2016 and the next was due in December 2017. All 10 responses received in 2016 had been positive and demonstrated how happy people were with the service provided to them. Topics on the survey included: admission and information; planning care and consent; healthcare provision; activities; meals; concerns and complaints; environment and equipment; staffing levels; staff competence; management and overall quality. All responses were either excellent or good in all categories, with the exception of staffing levels which two people had marked as average, two excellent and six good. For overall quality six people had said the service was excellent and four people had said good. One person had commented, "Like a large family home. Cleanliness great. Staff caring and fun. 100% satisfied. Service and staff very good. I'm very happy."

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues when on shift and said they felt they were provided with training that helped them provide care and support to a high standard. They felt encouraged to make suggestions for improvement and felt their suggestions were taken seriously. Comments from staff included, "We all get on very well together. Everyone is very friendly." and "We all pull together. I enjoy working here." One relative told us, "We looked at three or four homes but are really pleased with this one." Another said, "I find the home is always welcoming." One person said about the registered manager, "She's sweet. Really marvellous for getting things done." Staff were also complimentary about the registered manager with comments received including, "[The registered manager] is great, a lovely person. She is very fair and very approachable. The office door is always open."

Community professionals felt the service demonstrated good management and leadership and delivered a high quality of care. One professional said, "[The registered manager] is an excellent manager. The deputy has been faced with complexity in [the registered manager's] absence and coped very professionally." Another professional commented, "[The registered manager and deputy] have shown good management and leadership within the care home. They organise my visits and co-ordinate people and prepare information I require. They are constantly innovative and creative ways of achieving high standards. Regular entertainment is arranged by the home. I've seen newsletters which keep individuals informed on what's going on around the home i.e. birthdays, activities, events etc. I've seen day trips organised for individuals. The staff are highly motivated to deliver high quality care. The food is very good as I've had lunch at the home on several occasions. Activities are provided on a daily basis. The garden is accessible and during the summer I had seen individuals sitting in the garden. Additional support is provided by other professionals."